

**STATE OF MAINE
JUDICIAL BRANCH**

**GUARDIAN AD LITEM ROSTER APPLICATION
PART A (Subject to Public Disclosure)**

Name: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Business Telephone: _____ Fax: _____

E-mail: _____

I. EDUCATION, TRAINING, AND EXPERIENCE:

A. GENERAL EDUCATIONAL BACKGROUND

Degree	Institution	Location	Date

B. MAINE PROFESSIONAL LICENSURES

1. ☐ Current valid license to practice law in the state of Maine.

Bar ID #: _____ Date: _____ Active ☐ Inactive ☐

2. Current valid license to practice as an:

✓ Type: _____ License #: _____ Licensing Authority: _____ Address: _____ Date: _____

	LSW				
	LCSW				
	LPC				
	LCPC				
	LMSW				
	LMFT				
	PSYCHOLOGIST				
	PSYCHIATRIST				

3. ☐ A waiver of the licensure or qualification requirement by the Chief Judge. (Please attach a copy of waiver.)

C. OTHER PROFESSIONAL LICENSURES

Type	Licensing Authority & State	Address	Date

D. GUARDIAN AD LITEM AND OTHER TRAINING

Please list your formal GAL training (attach additional sheets if necessary):

Date	Course/Program	Sponsor	Hours
TOTAL HOURS:			

Please list your other relevant training (attach additional sheets if necessary):

Date	Course/program	Sponsor	Hours
TOTAL HOURS:			

Please indicate which case types you are applying to be rostered for:

Title 22 ☐ (Child Protection) Title 19-A (Family Matters) ☐ Both ☐

II. COURTS IN WHICH YOU ARE WILLING TO WORK

Below is a list of all court locations with a box next to each. If you are willing to accept guardian assignments from a court, place a \checkmark in the box beside the appropriate court location.

Androscoggin County

☐ Lewiston/Auburn

Aroostook County

☐ Caribou
☐ Houlton
☐ Presque Isle
☐ Madawaska
☐ Ft. Kent

Cumberland County

☐ Portland
☐ Bridgton

Franklin County

☐ Farmington

Hancock County

☐ Ellsworth

Kennebec County

☐ Augusta
☐ Waterville

Knox County

☐ Rockland

Lincoln County

☐ Wiscasset

Oxford County

☐ Rumford
☐ South Paris

Penobscot County

☐ Bangor
☐ Lincoln
☐ Millinocket
☐ Newport

Piscataquis County

☐ Dover-Foxcroft

Sagadahoc County

☐ West Bath/Bath

Somerset County

☐ Skowhegan

Waldo County

☐ Belfast

Washington County

☐ Calais
☐ Machias

York County

☐ Biddeford
☐ Springvale
☐ York

III. REFERENCES

Please list two persons, not related to you, who are familiar with the skills you have that will make you a successful Guardian:

Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

IV. BACKGROUND REVIEW AND PROFESSIONAL ETHICS

Have you been convicted of any crime or violation other than a traffic infraction?

☐ Yes ☐ No

Have you been removed, suspended, reprimanded or subject to any other discipline by a licensing board, professional organization, or governmental tribunal?

☐ Yes ☐ No

Have you ever been a party, other than acting as a Guardian ad litem, to a Child Protective case brought pursuant to Title 22 of the Maine Revised Statutes, or to a similar case in any other jurisdiction?

☐ Yes ☐ No

Have you ever been a party, other than acting as a Guardian ad litem, to a Protection from Abuse case brought pursuant to Title 19-A, Chapter 101 of the Maine Revised Statutes, or to a similar case in any other jurisdiction?

☐ Yes ☐ No

(If your answer is yes to any of the four previous questions, please provide full details on a separate sheet, including any information you believe may be helpful to the Chief Judge in evaluating your application.)

Are you a member of any family law professional organization? (e.g. Maine State Bar Association Family Law Section or Child Protection and Juvenile Justice Section, American Academy of Matrimonial Lawyers, Maine Association of Dispute Resolution Professionals, Academy of Family Mediators, American Bar Association Family Law Section, etc.)? If yes, please specify:

V. AFFIRMATIONS, CONDITIONS OF APPLICATION AND RELEASE

I understand that any misrepresentation in my application, including Parts A, B and C may constitute a basis for the rejection of my application or removal of my name from any roster of Guardians ad litem. I understand that if my application is conditionally accepted, the Chief Judge will request Court Security Services of the Administrative Office of the Courts to conduct a background investigation, including, but not limited to, an inquiry of licensing boards I have listed, an inquiry of criminal or motor vehicle arrest and conviction records, an inquiry of the Maine Revenue Services and a screening of Department of Human Services protective and Child Support custody case indices. Such inquiry shall include a complete review of all complaints/matters concerning me as well as the resulting dispositions from these matters. Additional background reviews may be conducted and the information I have given therein may be verified. I hereby consent and give permission to the Judicial Branch, the Office of the Chief judge, and the Office of Court Security Services to conduct all such reviews.

I affirm that, if rostered, I will comply with the Judicial Branch Code of Conduct, and the Statutes, Rules, Standards of Practice and policies applicable to Guardians ad litem in the Maine courts.

I understand that a copy of part A of this form will be made available to the public if requested. I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO:

**Administrative Office of the Courts
Family Division
171 State House Station
Augusta, Maine 04333-0171
QUESTIONS? CALL (207) 287-7626**

PART B (Not subject to Disclosure)

Name:

Business Address:

City:

State:

Zip code:

Business Telephone:

(Attorneys) Bar ID #:

*Business Fax:

*Business E-mail:

Home Address:

City:

State:

Zip code:

Home Telephone:

*Home Fax:

*Home E-mail:

* = Optional

Date of Birth:

Social Security No¹:

Driver's License No./State:

I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Signature _____ Date _____

¹ Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552 (a), you are notified that disclosure of your Social Security Number is voluntary. The Social Security Number will be utilized by the Office of Court Security Services for a criminal history records search.

**PART C (Not subject to Public Disclosure,
May be Provided to Other Agencies)**

GUARDIAN AD LITEM RELEASE AND AUTHORIZATION

I release and authorize the Judicial Branch to do all things necessary to conduct a Guardian ad litem background check. I understand that this will include a criminal history records check, a motor vehicle records check, a DHS records check and a status check with any applicable licensing boards.

Identification Information:

Name:

Date of Birth:

Social Security Number:

Maine State Driver's License Number:

Any Other State Lived in **Within Past 10 years:**

I hereby affirm that the information provided by me on this release is accurate and complete under penalty of law. This release may be provided to the above listed information sources.

Signature _____ Date _____



BACKGROUND INVESTIGATION INFORMATION

Instructions: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. **An original signature is required.** To complete this form electronically, do a "Save As," complete, and then save again.

Acknowledgement: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

☐ No

☐ Yes

If yes, please explain:

Name: (please print)	(First)	(Middle)		(Last)
Maiden or previous names used: (list all)				
Date of birth:	Social Security Number:			
Current driver's license number:	State:			
Prior state driver's license number:	State:			
Current Address:	(Street)	(City)	(State)	(Zip)
From:	To: Present			
If exact date is unknown, give an approximate date.				
I have lived at this address for the past 10 years or more.			<input type="radio"/> Yes	<input type="radio"/> No
			If no, see page 2.	

I declare that the information provided herein is true, accurate, and complete to the best of my knowledge.

Signature of Applicant

Date

For internal Judicial Branch use only:

Printed name of HR Rep/Program Mgr requesting background check:

Signature

Office/location

Date

Investigation for: **HR Department:**
Program Manager:

☐ employee

☐ contractor

☐ service worker

☐ LEP

☐ CASA/GALS

☐ CADRES

☐ Bail Commissioner

☐ FDP

Name :

Use this page only if necessary.

If you have not lived at your current address for the past full 10 years, please list all other addresses below.

Former Addresses			
Please list your former addresses and dates at those addresses for the past full 10 years , including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city, state, and zip code.			
This section must be complete or your application cannot be processed.			
Former Address 1:			
From:		To:	
Former Address 2:			
From:		To:	
Former Address 3:			
From:		To:	
Former Address 4:			
From:		To:	
Former Address 5:			
From:		To:	
Former Address 6:			
From:		To:	
Former Address 7:			
From:		To:	
Former Address 8:			
From:		To:	
For additional addresses, please use a separate sheet of paper.			



Child and Family Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-7900
Fax: (207) 287-5282; TTY: 1-800-606-0215

INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID#: 306 AGENCY NAME: ADMINISTRATIVE OFFICE OF THE COURTS – FAMILY DIVISION

I, _____, authorize release of confidential information by the Maine Department of
(Please print clearly)

Health and Human Services, Office of Child and Family Services, regarding whether I have been involved in a substantiated
Maine Child Protective Services case.

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of Maine. (WAIVED)

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this information:

LISA WAITT / KRISTEN SKORPEN
AOC - FAMILY DIVISION
171 STATE HOUSE STATION
AUGUSTA, ME 04333

My date of birth: _____

(Confidentiality laws prohibit providing information on individuals under 18.)

Other names known by, including _____

Signature (subject of records research) Date _____

Address _____

This form should be completed by the individual who is the subject of the child protective records research request. This form should accompany the 083 Findings Form. Please submit by fax (207) 287-5065 or mail to DHHS, Child Protective Intake, Records Research, SHS 11, 2 Anthony Avenue, Augusta, ME 04333.

OCFSCP-082
Initial Release Form
Updated 03/08

Caring..Responsive..Well-Managed..We are DHHS.



Child and Family Services

An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-7900
Fax: (207) 287-5282; TTY: 1-800-606-0215

Agency ID# 306

LISA WAITT / KRISTEN SKORPEN
AOC – FAMILY DIVISION
171 STATE HOUSE STATION
AUGUSTA, ME 04333

1. Name of Subject of child protective records research: _____
2. Date of Birth: _____
3. Others names known by: _____
4. Today's Date: _____

Only the above four lines of this form should be completed by the individual who is the subject of this child protective records research request. This form should accompany the completed Initial Release 082 Form.

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our child protective case records file found that:

- ☐ This person was not involved in a substantiated child protection case.
- ☐ Research of our child protective case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will need a subsequent release. This must be on the Department's (OCFSCP-084) Secondary Release Form to authorize release of confidential child protective services case records information.
- ☐ The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section §4008. Any unlawful dissemination is a class E Crime, punishable by a fine of not more than \$500.00 or by imprisonment for not more than 30 days.

If you have any questions about this information please call 1-800-452-1999 x2.

Sincerely,

Child Protective Intake Unit

OCFSCP-083
Findings Form
Update 03/08